## > BEST AVAILABLE COPY

| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Doctor Number  1 3 2 7 - 10   |                       |                                |       |                          |    |            |                        |
|--|-----------------------|--------------------------------|-------|--------------------------|----|------------|------------------------|
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE C OR SMALL ENTITY  |                       |                                |       |                          |    |            |                        |
| TOTAL CLAIMS   | 24                    |                                | RATI  | E FEE                    |    | RATE       | FEE                    |
| FOR  | NUMBER FILED          | MUNISER EXTRA                  | BASIC | FEE 355.00               | OR | DASIC FEE  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  | Q7 minus 20=          | · 7°                           | X\$ 9 | - 63                     | OR | X\$18=     |                        |
| WIDEPENDENT CLAIMS   | al minus 3 =          |                                | X40   | - 40                     | OR | X80=       |                        |
| MULTIPLE DEPENDENT CLAIM P   | RESENT '              |                                | +135  |                          | OR | +270=      |                        |
| • If the difference in column 1 is   | TOT                   | 4/28                           | OR    | TOTAL                    |    |            |                        |
| CLAIMS AS A  | e a                   | LENTITY                        | OR    | OTHER                    |    |            |                        |
| (Column 1)   | (Colu                 | EST                            | - OHA | ADDI                     |    |            | ADDI-                  |
| REMAINING AFTER  | PREVI                 | OUSLY EXTRA                    | RAT   |                          |    | RATE       | TIONAL                 |
| REMAINING AFTER AMENDMENT  Total  Independent • 2  |                       | 7 -                            | X3 9  |                          | OR | X\$18=     |                        |
| Independent • 2  | Minus                 | 3 -                            | X40   | -                        | OR | X80-       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                       |                                |       | <u>.</u>                 | OR | +270=      |                        |
| RCE_   |                       |                                |       | w -                      | OR | TOTAL      |                        |
| 10/3/0 (Column 1) (Column 2) (Column 3)  |                       |                                |       |                          |    | ADDIT. FEE |                        |
| CLUMS REMAINING AFTER AMENOMENT  Total  Independent  CLUMS REMAINING AFTER AMENOMENT  Control  Control | RUGI<br>NUM<br>PRIEVI | HEST ABER PRESENT IDUSLY EXTRA | RAT   | ADDI-<br>E TIONAL<br>FEE |    | RATE       | ADDI-<br>TIONAL<br>FEE |
| Total · 20   | Minus ↔ ç             | 27 - 1                         | X\$ 9 | <b>1</b>                 | OR | X\$18=     | 1                      |
| 119 L  | Minus •••             | 3. = 1                         | X40   | -                        | OR | X80=       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                       |                                |       |                          | OR | +270=      |                        |
| 2/2/2  |                       |                                |       | FEE                      | OR | ADDIT. FEE |                        |
| O de (Cohumn 1) (Cohumn 2) (Cohumn 3)  |                       |                                |       |                          |    |            |                        |
| CLAIMS REMARKING AFTER AMENDMENT   | NUM<br>PREVI          | HEST (BER PRESENT IOUSLY EXTRA | RAT   | ADDI-<br>E TIONAL<br>FEE |    | RATE       | ADDI-<br>TIONAL<br>FEE |
| Total D D Independent - 2  | Minus                 | •                              | X3 9  |                          | OR | X\$18=     |                        |
| Independent • 2  | Minus                 |                                | X40   |                          | OR | X80=       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= OR +270=  |                       |                                |       |                          |    |            |                        |
| * If the entry in column 1 is less than the entry in column 2, write V in column 2.  |                       |                                |       |                          |    |            |                        |
| "If the "Highest Number Proviously Peld For" DI THIS SPACE is less than 20, exter "20."  ADDIT. FEE  |                       |                                |       |                          |    |            |                        |